

NPM 13: *Percent of children without health insurance.*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective	5.0	5.0	4.5	3.0	2.9
Annual Indicator	5.1	2.6	2.6	2.0	
Numerator	68,000	35,000	35,000	26,000	
Denominator	1,345,000	1,365,000	1,345,000	1,300,000	
Is Data Provisional or Final				Final	
	2005	2006	2007	2008	2009
Annual Performance Objective	2	2	2	2	2

Notes - 2002

Source: Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information, Family Health Survey, 2001. Madison, Wisconsin: 2001. Numerator: Weighted data. Denominator: Weighted data. Data issues: The annual Wisconsin Family Health Survey is a random digit dial telephone survey that collects and reports information about health status, problems, insurance coverage, and use of health care services among Wisconsin residents. The survey has questions about health-related limitations and chronic conditions for persons greater than age seventeen. Data for 2002 are not available from the Bureau of Health Information until mid-2004.

Notes - 2003

Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Family Health Survey, 2003. Madison, Wisconsin: 2005. Numerator: Weighted data. Denominator: Weighted data. Data issues: Estimated numbers have been rounded to the nearest 1,000. The annual Wisconsin Family Health Survey is a random digit dial telephone survey that collects and reports information about health status, problems, insurance coverage, and use of health care services among Wisconsin residents. The survey has questions about health-related limitations and chronic conditions for persons greater than age seventeen.

Indicator: 2003 data indicate a decrease in the percentage of children without health insurance in Wisconsin. The state's continued progress in reducing the percentage of children without health insurance can be associated with Wisconsin's maintenance of its "open enrollment policy" for BadgerCare and Medicaid. Despite a major deficit in the 2003-2005 biennial budget, only minor changes were made to Medicaid/BadgerCare's scope of services and its enrollment policies. Therefore, while other states opted to cap enrollment or to implement enrollment cuts, Wisconsin's "family Medicaid enrollment" has continued to increase. Because Wisconsin's "Children's Health Insurance Program" enrolls whole families, parents have an economic incentive to continue to enroll children. We have flat-lined out objectives to 2009 because we think it is unreasonable to go below 2% for this indicator.

Notes - 2004

Data for 2004 are not available from the Bureau of Health Information and Policy until 2006.

a. Last Year's Accomplishments

1. Medicaid Outreach Overview--Enabling Services--Children, including CSHCN

In 2004, total family Medicaid recipients increased by 28,414, or about 5.6% in Wisconsin. The family Medicaid enrollment as of December, 2004 totaled 529,318, compared with 500,904 as of December 2003. These increases are more than double the family Medicaid enrollments of the mid-1990s.

With these significant and continuing increases, there were no direct Title V-funded interventions to further Medicaid and Wisconsin's CHIP program in 2004. We continued to provide a certain amount of technical assistance to local health departments and affected individuals surrounding outreach issues.

2. Covering Kids/Families Wisconsin--Enabling Services--Children, including CSHCN

This Robert Wood Johnson-funded outreach grant continued in its third year in 2004. The main goal of the grant is to help enroll children and families in public health insurance programs. Two of Wisconsin's local health departments, the LaCrosse County Health Department and the City of Milwaukee Health Department, serve prominently in two Covering Kids/Families local coalitions. In a related accomplishment, another funded local coalition in connection with the Covering Kids/Families Wisconsin grant, ABC for Health, was awarded one of 20 \$25,000 grants from the University of Wisconsin Medical School's Wisconsin Partnership Fund. These funds were part of the inaugural round of public health grants from the Blue Cross/Blue Shield of Wisconsin's asset conversion process.

3. Medicaid Administrative Claiming--Enabling Services--Children, including CSHCN

Title V staff met intermittently with Medicaid staff and Department staff in 2004 to seek approval to allow public health departments to claim added federal reimbursements through Medicaid Administrative Claiming.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Medicaid Outreach Overview		X		
2. Covering Kids/Families Wisconsin		X		
3. Medicaid Administrative Claiming		X		

b. Current Activities

1. Medicaid outreach overview--Enabling Services--Children, including CSHCN

Title V staff continue to monitor enrollment trends in Wisconsin Medicaid and in BadgerCare, the Wisconsin CHIP Program.

2. Covering Kids/Families Wisconsin--Enabling Services--Children, including CSHCN

Title V staff remain as active participants in the Covering Kids/Families Wisconsin grant. Oral health is emerging as a major interest of the group.

3. Medicaid Administrative Claiming activities--Enabling Services--Children, including CSHCN

The Bureau of Health Information and Policy is currently convening a public health financing workgroup that is engaging Medicaid staff, Department staff and public health staff on various financing topics.

c. Plan for the Coming Year

1. Medicaid outreach overview--Enabling Services--Children, including CSHCN

We intend to maintain the activities of recent years in this area.

2. Covering Kids/Families Wisconsin--Enabling Services--Children, including CSHCN

We intend to maintain the activities of recent years in this area.

3. Medicaid Administrative Claiming activities--Enabling Services--Children, including CSHCN

We intend to emphasize the acquisition of Medicaid claiming dollars as we continue to meet with the public health financing workgroup. A Title V-funded policy analyst is the lead analyst for the State Health Plan's "equitable, adequate and stable financing" priority.